

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

ADDRESS (number and street)

1630 R STREET NW #703

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20009

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00458000

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Adam Green

Signature of Treasurer

Electronically Filed by Adam Green

Date

08

24

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		431760.24
(b) Cash on Hand at Beginning of Reporting Period	498793.74	
(c) Total Receipts (from Line 19)	117479.81	391262.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	616273.55	823023.09
7. Total Disbursements (from Line 31)	247863.07	454612.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	368410.48	368410.48
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	2218.07	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	97.68	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	6528.50	17318.50
(ii) Unitemized	80215.12	342428.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	86743.62	359746.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	86743.62	359746.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	30049.94	30300.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	686.25	1215.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	117479.81	391262.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	117479.81	391262.85

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	236161.62	417801.16	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	236161.62	417801.16	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9975.05	9975.05	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00	
29. Other Disbursements.....	1726.40	26736.40	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	247863.07	454612.61	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	247863.07	454612.61	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	86743.62	359746.63
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86743.62	359646.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	236161.62	417801.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	30049.94	30300.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	206111.68	387500.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lynn Applegate

Mailing Address 977 North Sixth Street

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12005

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Baker

Mailing Address 16882 125th Av SE

City

Renton

State

WA

Zip Code

98058

FEC ID number of contributing
federal political committee.

C

Name of Employer
PDS

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11966

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

David Batty

Mailing Address 249 Ashby Drive

City

Davidson

State

NC

Zip Code

28036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston & Strawn

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12009

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Vivien Braslau

Mailing Address 230 blue heron run

City

wimberley

State

TX

Zip Code

78676

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
political

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.11969

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mark Catan

Mailing Address 6900 Millwood Rd

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miles Stockbridge PC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11959

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Alfred B Chase

Mailing Address 30 Clover St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11972

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anirvan Chatterjee

Mailing Address 1404 Henry St. #4

City

Berkeley

State

CA

Zip Code

94709

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.11961

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

fritzi cohen

Mailing Address PO 82

City

nahcotta

State

WA

Zip Code

98637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tabard Corp

Occupation

hospitality business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.11973

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Edward Familant

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.11976

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Farnilant

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.11975

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Edward Farnilant

Mailing Address 2350 E Elm St

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.11974

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Steve Gensler

Mailing Address 351 Riviera Cir

City

Larkspur

State

CA

Zip Code

94939

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11978

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Steve Gensler

Mailing Address 351 Riviera Cir

City

Larkspur

State

CA

Zip Code

94939

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.11977

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ken Hayes

Mailing Address 1223 SW Catlin Crest Drive

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self employed-investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12016

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ken Hayes

Mailing Address 1223 SW Catlin Crest Drive

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
self employed-investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12017

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeffrey Lamkin

Mailing Address 2963 Hudson Aurora Rd

City

Hudson

State

OH

Zip Code

44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Retina Group of North-
east Ohio

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.12020

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John Langan

Mailing Address 58 Holly Oak Drive

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12023

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12038

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12039

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12040

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12041

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12042

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12043

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12044

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12045

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12046

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12047

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 15 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12048

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Meri Lehtinen

Mailing Address 10 Tecolote Dr.

City

El Prado

State

NM

Zip Code

87529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12049

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Thomas Lewis

Mailing Address POB 60976

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer
semi-retired

Occupation
semi-retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11981

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Thomas Lewis

Mailing Address POB 60976

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer
semi-retired

Occupation

semi-retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11980

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Thomas Lewis

Mailing Address POB 60976

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer
semi-retired

Occupation

semi-retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11979

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.11993

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 135

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.11992

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11991

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.11990

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)

32.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.11989

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.11988

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11987

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.11986

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.11985

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.11984

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.11983

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Lucy B. Martinez

Mailing Address 1016 Parkside Drive

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11982

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Michael Mooney

Mailing Address 531 Westmount Drive

City

West Hollywood

State

CA

Zip Code

90048

FEC ID number of contributing
federal political committee.

C

Name of Employer
SuperNutrition

Occupation
Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12065

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

42.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

william niedringhaus

Mailing Address box 3120725

City

sioux falls

State

SD

Zip Code

57186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitre

Occupation

simulation engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12070

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

william niedringhaus

Mailing Address box 3120725

City

sioux falls

State

SD

Zip Code

57186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitre

Occupation

simulation engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12071

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Bruce Petersen

Mailing Address Rt 3, Box 781

City

Fayetteville

State

WV

Zip Code

25840

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11963

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bruce Petersen

Mailing Address Rt 3, Box 781

City

Fayetteville

State

WV

Zip Code

25840

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.11964

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

lynn pettton

Mailing Address 2937 Springer Drive

City

McKinleyville

State

CA

Zip Code

95519

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
landlord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11995

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

lynn pettton

Mailing Address 2937 Springer Drive

City

McKinleyville

State

CA

Zip Code

95519

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
landlord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.11994

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

131.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.12081

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Edward Rawson

Mailing Address 6433 Georgetown Pike

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12082

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Reinke

Mailing Address R9701 County Rd Q

City

Hatley

State

WI

Zip Code

54440

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. Postal Service

Occupation
letter carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.11971

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Rice

Mailing Address 27515 S.E. 154th Place

City

Issaquah

State

WA

Zip Code

98027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

International Business Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11967

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Schooley

Mailing Address 10 Irving Park Circle

City

Reno

State

NV

Zip Code

89503

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12087

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Rachael Solem

Mailing Address 5 Bacon Street

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irving House Corporation

Occupation

Hotelier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12093

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Neal Stender

Mailing Address Flat 2A, 60 Cloudview Road

City

State

Zip Code

North Point

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orrick, Herrington & Sutcliffe

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12095

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

State

Zip Code

Athens

GA

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Georgia

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.12105

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

State

Zip Code

Athens

GA

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Georgia

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12106

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

Athens

State

GA

Zip Code

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of GeorgiaOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.12107

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

Athens

State

GA

Zip Code

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of GeorgiaOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12108

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

Athens

State

GA

Zip Code

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of GeorgiaOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12109

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anne O. Summers

Mailing Address 3885 Barnett Shoals Rd

City

Athens

State

GA

Zip Code

30605-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Georgia

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12110

Amount of Each Receipt this Period

3.00

B.

Full Name (Last, First, Middle Initial)

Susan Swartz

Mailing Address 349 Marshman St.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11999

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Susan Swartz

Mailing Address 349 Marshman St.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11998

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Susan Swartz

Mailing Address 349 Marshman St.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.11997

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Susan Swartz

Mailing Address 349 Marshman St.

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11996

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Calvin Watlington

Mailing Address Unit 3500

City

APO

State

AA

Zip Code

34030

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Government

Occupation
Diplomat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.12100

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

6528.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 135

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.13

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA15.11934

Amount of Each Receipt this Period

58.50

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA15.11947

Amount of Each Receipt this Period

4.00

C.

Full Name (Last, First, Middle Initial)

BILL HALTER FOR SENATE

Mailing Address PO BOX 94226

City

NORTH LITTLE ROCK

State

AR

Zip Code

72190

FEC ID number of contributing
federal political committee.

C

C00477711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4087.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA15.11930

Amount of Each Receipt this Period

4087.64

SUBTOTAL of Receipts This Page (optional)

4150.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 135

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BILL HALTER FOR SENATE

Mailing Address PO BOX 94226

City

NORTH LITTLE ROCK

State

AR

Zip Code

72190

FEC ID number of contributing
federal political committee.

C

C00477711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11046.85

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA15.11936

Amount of Each Receipt this Period

6959.21

B.

Full Name (Last, First, Middle Initial)

BILL HALTER FOR SENATE

Mailing Address PO BOX 94226

City

NORTH LITTLE ROCK

State

AR

Zip Code

72190

FEC ID number of contributing
federal political committee.

C

C00477711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16327.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA15.11938

Amount of Each Receipt this Period

5280.43

C.

Full Name (Last, First, Middle Initial)

BILL HALTER FOR SENATE

Mailing Address PO BOX 94226

City

NORTH LITTLE ROCK

State

AR

Zip Code

72190

FEC ID number of contributing
federal political committee.

C

C00477711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22805.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA15.11942

Amount of Each Receipt this Period

6478.55

SUBTOTAL of Receipts This Page (optional)

18718.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 135

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BILL HALTER FOR SENATE

Mailing Address PO BOX 94226

City

NORTH LITTLE ROCK

State

AR

Zip Code

72190

FEC ID number of contributing
federal political committee.

C

C00477711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23405.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA15.11946

Amount of Each Receipt this Period

599.62

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID SEGAL; THE

Mailing Address PO BOX 1103

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

C00483552

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3961.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA15.11943

Amount of Each Receipt this Period

3961.67

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID SEGAL; THE

Mailing Address PO BOX 1103

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

C00483552

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6148.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA15.11949

Amount of Each Receipt this Period

2186.64

SUBTOTAL of Receipts This Page (optional)

6747.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT DAVID SEGAL; THE

Mailing Address PO BOX 1103

City	State	Zip Code
PROVIDENCE	RI	02903

FEC ID number of contributing
federal political committee.**C** C00483552

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6491.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: SA15.11951

Amount of Each Receipt this Period

343.32

SUBTOTAL of Receipts This Page (optional)

343.32

TOTAL This Period (last page this line number only)

29959.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 135

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA17.11937

Amount of Each Receipt this Period

0.54

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA17.11955

Amount of Each Receipt this Period

193.34

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA17.11956

Amount of Each Receipt this Period

141.98

SUBTOTAL of Receipts This Page (optional)

335.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 135

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: SA17.11939

Amount of Each Receipt this Period

0.27

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA17.11954

Amount of Each Receipt this Period

183.92

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA17.11948

Amount of Each Receipt this Period

0.32

SUBTOTAL of Receipts This Page (optional)

184.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 135

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1218.38

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA17.11957

Amount of Each Receipt this Period

105.88

SUBTOTAL of Receipts This Page (optional)

105.88

TOTAL This Period (last page this line number only)

626.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Act Blue Technical Services

Mailing Address 11 Arrow Street

City
Cambridge

State
MA

Zip Code
02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12115

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2742.98

B.

Full Name (Last, First, Middle Initial)

Administrative Business Services

Mailing Address 6312 Seven Corners Center

City
Falls Church

State
VA

Zip Code
22044

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11576

Date of Disbursement

04 / 09 / 2010

Amount of Each Disbursement this Period

2938.00

C.

Full Name (Last, First, Middle Initial)

Administrative Business Services

Mailing Address 6312 Seven Corners Center

City
Falls Church

State
VA

Zip Code
22044

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11757

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

2741.00

SUBTOTAL of Disbursements This Page (optional)

8421.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Administrative Business Services

Mailing Address 6312 Seven Corners Center

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11895

Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

1996.64

B.

Full Name (Last, First, Middle Initial)

Alamo Car Rental

Mailing Address 6 Tomahawk Drive

City East Boston State MA Zip Code 02128

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11543

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

81.42

C.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Computers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11517

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

87.42

SUBTOTAL of Disbursements This Page (optional)

2165.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

135.97

B.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.98

C.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11709

Date of Disbursement

/ /

Amount of Each Disbursement this Period

373.42

SUBTOTAL of Disbursements This Page (optional)

548.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amazon Payments

Mailing Address 1516 2nd Ave

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

471.07

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

124.00

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11688

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

607.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11720

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

41.00

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11741

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

36.00

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11769

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)

89.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.11808 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>127.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.11819 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>78.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.11855 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>98.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

303.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11888

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Apple Store

Mailing Address 400 Commons Way

City Bridgewater State NJ Zip Code 08807

Purpose of Disbursement
Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11779

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

73.14

C.

Full Name (Last, First, Middle Initial)

Matthew Arnold

Mailing Address 94 CR 5091

City Booneville State MS Zip Code 38829

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11683

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

693.75

SUBTOTAL of Disbursements This Page (optional)

791.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Matthew Arnold	Transaction ID: SB21B.11684 Date of Disbursement																				
Mailing Address 94 CR 5091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	0												
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mileage Candidate Name	<table border="1"> <tr> <td colspan="10">135.00</td> </tr> </table>	135.00																			
135.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matthew Arnold	Transaction ID: SB21B.11685 Date of Disbursement																				
Mailing Address 94 CR 5091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	0												
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem Candidate Name	<table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.11533 Date of Disbursement																				
Mailing Address 3 Dupont Circle, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charges Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

235.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11686

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11814

Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 3 Dupont Circle, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11901

Date of Disbursement

06 / 27 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Max Berger	Transaction ID: SB21B.11537 Date of Disbursement																				
Mailing Address 124 SE 28th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">217.50</td> </tr> </table>	217.50																			
217.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Max Berger	Transaction ID: SB21B.11927 Date of Disbursement																				
Mailing Address 124 SE 28th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Portland State OR Zip Code 97202	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK Candidate Name	<table border="1"> <tr> <td colspan="10">-112.50</td> </tr> </table>	-112.50																			
-112.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Brian Bills	Transaction ID: SB21B.11617 Date of Disbursement																				
Mailing Address PO Box 202603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	0												
City New Haven State CT Zip Code 06520	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">127.50</td> </tr> </table>	127.50																			
127.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

232.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Brian Bills

Mailing Address PO Box 202603

City
New Haven

State
CT

Zip Code
06520

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11679

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Bosscher

Mailing Address 1610 Park Road, NW

City
Washington

State
DC

Zip Code
20010

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11698

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Bosscher

Mailing Address 1610 Park Road, NW

City
Washington

State
DC

Zip Code
20010

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11753

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

90.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
SpringfieldState
MOZip Code
65802Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11534

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
SpringfieldState
MOZip Code
65802Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11701

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Amount of Each Disbursement this Period

1020.00

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
SpringfieldState
MOZip Code
65802Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11736

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1720.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11748

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

44.00

B.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11764

Date of Disbursement

05 / 23 / 2010

Amount of Each Disbursement this Period

24.95

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11776

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

98.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11790

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

872.00

B.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11795

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Forrest Brown

Mailing Address 1423 N. Summit Avenue

City
Springfield

State
MO

Zip Code
65802

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11850

Date of Disbursement

06 / 13 / 2010

Amount of Each Disbursement this Period

1056.00

SUBTOTAL of Disbursements This Page (optional)

1953.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Carefirst Mailing Address PO Box 14114	Transaction ID: SB21B.11574 Date of Disbursement <div> <div>04</div> <div>08</div> <div>2010</div> </div>
City Lexington State KY Zip Code 40512 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1535.00</div>
B. Full Name (Last, First, Middle Initial) Carefirst Mailing Address PO Box 14114 City Lexington State KY Zip Code 40512 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11710 Date of Disbursement <div> <div>05</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2763.00</div>
C. Full Name (Last, First, Middle Initial) Carefirst Mailing Address PO Box 14114 City Lexington State KY Zip Code 40512 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11870 Date of Disbursement <div> <div>06</div> <div>16</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1842.00</div>

SUBTOTAL of Disbursements This Page (optional)

6140.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Caroline M.L. Dean

Mailing Address 69 Brown Street

City
Providence

State
RI

Zip Code
02912

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11843

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.80

B.

Full Name (Last, First, Middle Initial)

Caroline M.L. Dean

Mailing Address 69 Brown Street

City
Providence

State
RI

Zip Code
02912

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

318.41

SUBTOTAL of Disbursements This Page (optional)

1544.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11739

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11740

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11825

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="582.80"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11840</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hope Ditto</p> <p>Mailing Address 450 Massachusetts Avenue, #705</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Strategic Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11838</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="451.61"/></p>

SUBTOTAL of Disbursements This Page (optional)

1059.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Hope Ditto	Transaction ID: SB21B.11857 Date of Disbursement																				
Mailing Address 450 Massachusetts Avenue, #705	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">451.61</td> </tr> </table>	451.61																			
451.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dollar Rent-a-Car	Transaction ID: SB21B.11928 Date of Disbursement																				
Mailing Address 9105 Northeast Airport Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Portland State OR Zip Code 97218	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK Candidate Name	<table border="1"> <tr> <td colspan="10">-443.11</td> </tr> </table>	-443.11																			
-443.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Expedia	Transaction ID: SB21B.11824 Date of Disbursement																				
Mailing Address 4200 150th Avenue NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	1	0												
City Redmond State WA Zip Code 98052	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Candidate Name	<table border="1"> <tr> <td colspan="10">158.61</td> </tr> </table>	158.61																			
158.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

167.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.11575 Date of Disbursement																				
Mailing Address 2020 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td>32.28</td> </tr> </table>	32.28																			
32.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.11590 Date of Disbursement																				
Mailing Address 2020 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td>37.05</td> </tr> </table>	37.05																			
37.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.11638 Date of Disbursement																				
Mailing Address 2020 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td>161.13</td> </tr> </table>	161.13																			
161.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

230.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.11718 Date of Disbursement																				
Mailing Address 2020 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td colspan="10">29.36</td> </tr> </table>	29.36																			
29.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.11719 Date of Disbursement																				
Mailing Address 2020 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td colspan="10">39.05</td> </tr> </table>	39.05																			
39.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fitzgibbon Media, LLC	Transaction ID: SB21B.11699 Date of Disbursement																				
Mailing Address 2108 Military Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City Washington State DC Zip Code 22207	Amount of Each Disbursement this Period																				
Purpose of Disbursement Public Relations Consulting	<table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	600.00																			
600.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

668.41

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Global Pops Media	Transaction ID: SB21B.11875 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>06 / 18 / 2010</div> </div>	
Mailing Address Eight Penn Center West	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">250.00</div>	
<div>City Pittsburgh</div> <div>State PA</div> <div>Zip Code 15276</div>		
<div style="flex: 1;"> Purpose of Disbursement Website </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
B. Full Name (Last, First, Middle Initial) Gnomon Copy	Transaction ID: SB21B.11527 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>04 / 01 / 2010</div> </div>	
Mailing Address 1308 Massachusetts Avenue	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">252.50</div>	
<div>City Cambridge</div> <div>State MA</div> <div>Zip Code 02138</div>		
<div style="flex: 1;"> Purpose of Disbursement Printing </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11571 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>04 / 08 / 2010</div> </div>	
Mailing Address 1600 Amphitheatre Parkway	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">548.14</div>	
<div>City Mountain View</div> <div>State CA</div> <div>Zip Code 94043</div>		
<div style="flex: 1;"> Purpose of Disbursement Advertising </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;"> Category/ Type </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

1050.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11582</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="576.70"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11583</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="674.06"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11586</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="193.64"/></p>

SUBTOTAL of Disbursements This Page (optional)

1444.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11588</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>798.92</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11601</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>560.97</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11602</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>676.26</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

2036.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11607 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>520.54</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11608 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>563.59</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11609 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>762.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1846.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11610 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">555.33</td> </tr> </table>	555.33																			
555.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11618 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">605.75</td> </tr> </table>	605.75																			
605.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11619 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">533.36</td> </tr> </table>	533.36																			
533.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1694.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11623 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>28.94</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11626 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>579.55</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11627 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>571.27</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1179.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11633 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>670.84</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11639 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>550.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11655 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>1098.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2320.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11669 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>589.55</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11677 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>612.24</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11694 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>572.16</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1773.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11705 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td>532.33</td> </tr> </table>	532.33																			
532.33																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11706 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td>508.27</td> </tr> </table>	508.27																			
508.27																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11738 Date of Disbursement																				
Mailing Address 1600 Amphitheatre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	7		2	0	1	0												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td>20.81</td> </tr> </table>	20.81																			
20.81																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1061.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11761 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>352.77</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11762 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement 1334.19 Candidate Name	<div> <div>1334.19</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11763 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement 1334.19 Candidate Name	<div> <div>784.68</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2471.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

541.17

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

822.12

C.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

308.75

SUBTOTAL of Disbursements This Page (optional)

1672.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11817</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="785.10"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11830</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="563.97"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11832</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="320.35"/></p>

SUBTOTAL of Disbursements This Page (optional)

1669.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11837 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>694.79</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11841 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>525.96</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11842 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>626.64</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1847.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11851

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1.56

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11871

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

589.90

C.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11872

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

1178.26

SUBTOTAL of Disbursements This Page (optional)

1769.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11873 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>594.64</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11874 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>1006.81</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11880 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising	<div>521.18</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2122.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11881 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>547.01</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11882 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>576.47</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11883 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>783.03</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1906.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11884 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>848.72</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11885 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>1002.31</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.11886 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>558.25</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2409.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11887

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

811.58

B.

Full Name (Last, First, Middle Initial)

Google

Mailing Address 1600 Amphitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11892

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

680.40

C.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11522

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

2323.34

SUBTOTAL of Disbursements This Page (optional)

3815.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11591

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

2323.35

B.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11592

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11642

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

2323.34

SUBTOTAL of Disbursements This Page (optional)

5147.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11721

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2323.34

B.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11722

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11781

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

2058.98

SUBTOTAL of Disbursements This Page (optional)

4883.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11858

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2323.34

B.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11859

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City Washington State DC Zip Code 20009

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11877

Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

293.40

SUBTOTAL of Disbursements This Page (optional)

3117.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address 2702 Love Field Drive

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11877.0

Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

293.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Adam Green

Mailing Address 1630 R Street, NW
#703

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11912

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2323.35

C.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City State Zip Code
Calhoun GA 30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11593

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

1527.35

SUBTOTAL of Disbursements This Page (optional)

3850.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11650

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

1527.36

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11723

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

1527.35

C.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11785

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

1527.35

SUBTOTAL of Disbursements This Page (optional)

4582.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11807

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

253.25

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11862

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

1527.35

C.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City
Calhoun

State
GA

Zip Code
30701

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11903

Date of Disbursement

06 / 27 / 2010

Amount of Each Disbursement this Period

575.80

SUBTOTAL of Disbursements This Page (optional)

2356.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

YTB Travel Network

Mailing Address 2050 William Franklin Drive

City State Zip Code
Frederick MD 21702

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11903.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

575.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City State Zip Code
Calhoun GA 30701

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

128.00

C.

Full Name (Last, First, Middle Initial)

Keauna Gregory

Mailing Address 441 Buck Blvd, SE

City State Zip Code
Calhoun GA 30701

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1527.35

SUBTOTAL of Disbursements This Page (optional)

1655.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Karl Grindal

Mailing Address 1746 N. Rhodes Street

City
Arlington

State
VA

Zip Code
22201

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11920

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

633.33

B.

Full Name (Last, First, Middle Initial)

Robert Haider

Mailing Address 1527 Chestnut Place

City
Grand Forks

State
ND

Zip Code
58201

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11589

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Holiday Inn Presidential Conf. Ctr.

Mailing Address 600 Interstate 30

City
Little Rock

State
AR

Zip Code
72202

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11820

Date of Disbursement

06 / 05 / 2010

Amount of Each Disbursement this Period

900.22

SUBTOTAL of Disbursements This Page (optional)

1583.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address</p> <p>City Washington State DC Zip Code</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11713</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="618.03"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Andrei Kulakov</p> <p>Mailing Address 140 78th Street, Apt B3</p> <p>City North Bergen State NJ Zip Code 07047</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11811</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5100.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Legacy Hotels and Suites</p> <p>Mailing Address 625 West Capitol Avenue</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11667</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="244.20"/></p>

SUBTOTAL of Disbursements This Page (optional)

5962.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Legacy Hotels and Suites

Mailing Address 625 West Capitol Avenue

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

440.45

B.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11737

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1340.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City
Cambridge

State
MA

Zip Code
02138

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11791

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Drew McConville

Mailing Address 1 Sedgwick Road

City
Cambridge

State
MA

Zip Code
02138

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11849

Date of Disbursement

06 / 13 / 2010

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Andrea Michnik

Mailing Address 411 12th Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11908

Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

270.00

SUBTOTAL of Disbursements This Page (optional)

870.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11605 Date of Disbursement																				
Mailing Address 125 Rampart Way, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	0												
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Domain Name Registration Candidate Name	<table border="1"> <tr> <td colspan="10">17.98</td> </tr> </table>	17.98																			
17.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11611 Date of Disbursement																				
Mailing Address 125 Rampart Way, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Domain Name Registration Candidate Name	<table border="1"> <tr> <td colspan="10">7.99</td> </tr> </table>	7.99																			
7.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11612 Date of Disbursement																				
Mailing Address 125 Rampart Way, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	0												
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Domain Name Registration Candidate Name	<table border="1"> <tr> <td colspan="10">7.99</td> </tr> </table>	7.99																			
7.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

33.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11614 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>175.78</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11615 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>16.48</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11616 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>8.99</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

201.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11634 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>16.48</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11700 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>21.97</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Name.com LLC	Transaction ID: SB21B.11778 Date of Disbursement
Mailing Address 125 Rampart Way, Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div>
City State Zip Code Denver CO 80230	Amount of Each Disbursement this Period
Purpose of Disbursement Domain Name Registration Candidate Name	<div> <div>8.99</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

47.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 104A New Jersey Avenue

City
Point Pleasant

State
NJ

Zip Code
08742

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11644

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1701.43

B.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 104A New Jersey Avenue

City
Point Pleasant

State
NJ

Zip Code
08742

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11702

Date of Disbursement

/ /

Amount of Each Disbursement this Period

329.30

C.

Full Name (Last, First, Middle Initial)

Expedia

Mailing Address 4200 150th Avenue NE

City
Redmond

State
WA

Zip Code
98052

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11702.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

329.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2030.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 104A New Jersey Avenue

City
Point Pleasant

State
NJ

Zip Code
08742

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11725

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

1701.40

B.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 104A New Jersey Avenue

City
Point Pleasant

State
NJ

Zip Code
08742

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11786

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

1701.43

C.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 104A New Jersey Avenue

City
Point Pleasant

State
NJ

Zip Code
08742

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11863

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

1701.40

SUBTOTAL of Disbursements This Page (optional)

5104.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: SB21B.11914 Date of Disbursement																				
Mailing Address 104A New Jersey Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Point Pleasant State NJ Zip Code 08742	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">767.05</td> </tr> </table>	767.05																			
767.05																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Open Left	Transaction ID: SB21B.11548 Date of Disbursement																				
Mailing Address 1015 18th Street, NW #204	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	1	0												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td colspan="10">2667.00</td> </tr> </table>	2667.00																			
2667.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Open Left	Transaction ID: SB21B.11758 Date of Disbursement																				
Mailing Address 1015 18th Street, NW #204	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising	<table border="1"> <tr> <td colspan="10">1217.00</td> </tr> </table>	1217.00																			
1217.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4651.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Torshal Natasha Patel

Mailing Address 224 Lampkin Street

City
Atlanta

State
GA

Zip Code
30312

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11902

Date of Disbursement

06 / 27 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 North 1st Street

City
San Jose

State
CA

Zip Code
95131

Purpose of Disbursement
Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12117

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

756.48

C.

Full Name (Last, First, Middle Initial)

Perquest

Mailing Address 1333 Broadway

City
Oakland

State
CA

Zip Code
94612

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11518

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

4166.41

SUBTOTAL of Disbursements This Page (optional)

5222.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perquest</p> <p>Mailing Address 1333 Broadway</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11587</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5750.31"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Perquest</p> <p>Mailing Address 1333 Broadway</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11631</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perquest</p> <p>Mailing Address 1333 Broadway</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11636</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7643.49"/></p>

SUBTOTAL of Disbursements This Page (optional)

13400.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Perquest	Transaction ID: SB21B.11715 Date of Disbursement																				
Mailing Address 1333 Broadway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">7155.79</td> </tr> </table>	7155.79																			
7155.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Perquest	Transaction ID: SB21B.11794 Date of Disbursement																				
Mailing Address 1333 Broadway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">7093.62</td> </tr> </table>	7093.62																			
7093.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Perquest	Transaction ID: SB21B.11856 Date of Disbursement																				
Mailing Address 1333 Broadway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">7024.05</td> </tr> </table>	7024.05																			
7024.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

21273.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Perquest	Transaction ID: SB21B.11919 Date of Disbursement
Mailing Address 1333 Broadway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes	<div>6510.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Priceline.com	Transaction ID: SB21B.11519 Date of Disbursement
Mailing Address 800 Connecticut Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div>
City Norwalk State CT Zip Code 06854	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>210.55</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Priceline.com	Transaction ID: SB21B.11584 Date of Disbursement
Mailing Address 800 Connecticut Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div>
City Norwalk State CT Zip Code 06854	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>398.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7119.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Priceline.com

Mailing Address 800 Connecticut Avenue

City
Norwalk

State
CT

Zip Code
06854

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.70

B.

Full Name (Last, First, Middle Initial)

Priceline.com

Mailing Address 800 Connecticut Avenue

City
Norwalk

State
CT

Zip Code
06854

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

473.90

C.

Full Name (Last, First, Middle Initial)

Research 2000

Mailing Address 10902 Jolly Way

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3153.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Research 2000

Mailing Address 10902 Jolly Way

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
VOID CHECK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11924

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

-6000.00

B.

Full Name (Last, First, Middle Initial)

Rio All Suite Hotel

Mailing Address 3700 W Flamingo Road

City
Las Vegas

State
FL

Zip Code
89103

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11818

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

836.64

C.

Full Name (Last, First, Middle Initial)

Rio All Suite Hotel

Mailing Address 3700 W Flamingo Road

City
Las Vegas

State
FL

Zip Code
89103

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11835

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

234.08

SUBTOTAL of Disbursements This Page (optional)

-4929.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Rio All Suite Hotel	Transaction ID: SB21B.11891 Date of Disbursement																				
Mailing Address 3700 W Flamingo Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Las Vegas State FL Zip Code 89103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>72.80</td> </tr> </table>	72.80																			
72.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Rio All Suite Hotel	Transaction ID: SB21B.11893 Date of Disbursement																				
Mailing Address 3700 W Flamingo Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Las Vegas State FL Zip Code 89103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>72.80</td> </tr> </table>	72.80																			
72.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Rio All Suite Hotel	Transaction ID: SB21B.11894 Date of Disbursement																				
Mailing Address 3700 W Flamingo Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
City Las Vegas State FL Zip Code 89103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>72.80</td> </tr> </table>	72.80																			
72.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

218.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1716.55

B.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

597.35

SUBTOTAL of Disbursements This Page (optional)

2563.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 77 W Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Baggage Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11552.3

Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Alaska Airlines

Mailing Address 19300 Pacific Hwy

City Brier State WA Zip Code 98036

Purpose of Disbursement
Baggage Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11552.6

Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Dollar Rent-a-Car

Mailing Address 9105 Northeast Airport Way

City Portland State OR Zip Code 97218

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11552.9

Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

205.31

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1716.55

B.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11595

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Per Diem/Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

108.30

SUBTOTAL of Disbursements This Page (optional)

2124.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11646

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

1716.56

B.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11726

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

1716.56

C.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11727

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

3733.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1810.45

B.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1810.45

C.

Full Name (Last, First, Middle Initial)

Greg Ross

Mailing Address 1110Soho Court

City
Crofton

State
MD

Zip Code
21114

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1810.45

SUBTOTAL of Disbursements This Page (optional)

5431.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alexa Rozell

Mailing Address 1315 E. Catalpa

City
Springfield

State
MO

Zip Code
65804

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11792

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

322.58

B.

Full Name (Last, First, Middle Initial)

Salzmann Gay Associates

Mailing Address 2029 Walnut Street

City
Philadelphia

State
PA

Zip Code
19103

Purpose of Disbursement
Recruitment Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11535

Date of Disbursement

04 / 02 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Sandler, Reiff & Young, PC

Mailing Address 300 M Street, SE
Suite 1102

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11628

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

2254.00

SUBTOTAL of Disbursements This Page (optional)

4576.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11596

Date of Disbursement

/ /

Amount of Each Disbursement this Period

880.12

B.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

212.00

C.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11648

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1293.06

SUBTOTAL of Disbursements This Page (optional)

2385.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11728 Date of Disbursement																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1293.05</td> </tr> </table>	1293.05																			
1293.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11729 Date of Disbursement																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">212.00</td> </tr> </table>	212.00																			
212.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11787 Date of Disbursement																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1293.06</td> </tr> </table>	1293.06																			
1293.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2798.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11854

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

226.75

B.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11865

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

1293.05

C.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City
Charlottesville

State
VA

Zip Code
22902

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11866

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

212.00

SUBTOTAL of Disbursements This Page (optional) ►

1731.80

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11898 Date of Disbursement
Mailing Address 513 Rialto St	<div> <div>06</div> <div>27</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div>209.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11898.0 Date of Disbursement
Mailing Address 513 Rialto St	<div> <div>06</div> <div>27</div> <div>2010</div> </div>
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period
Purpose of Disbursement Mileage	<div>63.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.11898.1 Date of Disbursement
Mailing Address PO Box 15023	<div> <div>06</div> <div>27</div> <div>2010</div> </div>
City Worcester State MA Zip Code 01615	Amount of Each Disbursement this Period
Purpose of Disbursement Phones	<div>145.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

209.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11911 Date of Disbursement																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mileage	<table border="1"> <tr> <td>256.25</td> </tr> </table>	256.25																			
256.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michael Snook	Transaction ID: SB21B.11916 Date of Disbursement																				
Mailing Address 513 Rialto St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Charlottesville State VA Zip Code 22902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>1359.79</td> </tr> </table>	1359.79																			
1359.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.11697 Date of Disbursement																				
Mailing Address 2702 Love Field Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>146.70</td> </tr> </table>	146.70																			
146.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1762.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB21B.11526 Date of Disbursement																				
Mailing Address 1707 Columbia Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2464.22</td> </tr> </table>	2464.22																			
2464.22																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB21B.11578 Date of Disbursement																				
Mailing Address 1707 Columbia Road, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	0												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone Reimbursement	<table border="1"> <tr> <td colspan="10">161.22</td> </tr> </table>	161.22																			
161.22																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.11578.0 Date of Disbursement																				
Mailing Address Glenridge Highlands Two	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	0												
City Atlanta State GA Zip Code 30342	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone	<table border="1"> <tr> <td colspan="10">161.22</td> </tr> </table>	161.22																			
161.22																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2625.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11598

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

2464.23

B.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11599

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11651

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

2464.22

SUBTOTAL of Disbursements This Page (optional)

5429.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11730

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2464.22

B.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11731

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11783

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

2199.86

SUBTOTAL of Disbursements This Page (optional)

5165.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11845

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

202.71

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address Glenridge Highlands Two

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11845.0

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

202.71

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Stephanie Taylor

Mailing Address 1707 Columbia Road, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11860

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

2464.22

SUBTOTAL of Disbursements This Page (optional)

2666.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB21B.11861
	Mailing Address 1707 Columbia Road, NW	Date of Disbursement
	City Washington State DC Zip Code 20009	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	Purpose of Disbursement Rent Candidate Name	Amount of Each Disbursement this Period
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="501.00"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB21B.11917
	Mailing Address 1707 Columbia Road, NW	Date of Disbursement
	City Washington State DC Zip Code 20009	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="2464.23"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB21B.11926
	Mailing Address 1707 Columbia Road, NW	Date of Disbursement
	City Washington State DC Zip Code 20009	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	Purpose of Disbursement VOID CHECK Candidate Name	Amount of Each Disbursement this Period
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="-177.44"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2787.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Termination Site, Inc.

Mailing Address 3405 Piedmont Road

City
Atlanta

State
GA

Zip Code
30305

Purpose of Disbursement
Offset In-kind-See Line 23

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12112

Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

-254.07

B.

Full Name (Last, First, Middle Initial)

The Hartford

Mailing Address P. O. Box 2907

City
Hartford

State
CT

Zip Code
06104

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11629

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

789.00

C.

Full Name (Last, First, Middle Initial)

The Hartford

Mailing Address P. O. Box 2907

City
Hartford

State
CT

Zip Code
06104

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11869

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

90.00

SUBTOTAL of Disbursements This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11652

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

2690.70

B.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11732

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2204.48

C.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11733

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

501.00

SUBTOTAL of Disbursements This Page (optional)

5396.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2204.49

B.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2204.48

C.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

501.00

SUBTOTAL of Disbursements This Page (optional)

4909.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Shaunna Thomas

Mailing Address 1730 21st Street, NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11918

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2204.49

B.

Full Name (Last, First, Middle Initial)

U.S. Airways

Mailing Address 2345 Crystal Drive

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11654

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

184.40

C.

Full Name (Last, First, Middle Initial)

U.S. Airways

Mailing Address 2345 Crystal Drive

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11656

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

184.40

SUBTOTAL of Disbursements This Page (optional)

2573.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11745 Date of Disbursement
Mailing Address 2345 Crystal Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>401.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11770 Date of Disbursement
Mailing Address 2345 Crystal Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>25.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11771 Date of Disbursement
Mailing Address 2345 Crystal Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>25.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

451.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11826 Date of Disbursement																				
Mailing Address 2345 Crystal Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	0												
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11853 Date of Disbursement																				
Mailing Address 2345 Crystal Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: SB21B.11907 Date of Disbursement																				
Mailing Address 2345 Crystal Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	0												
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>310.14</td> </tr> </table>	310.14																			
310.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

360.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.11550 Date of Disbursement																				
Mailing Address PO Box 15023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	1	0												
City Worcester State MA Zip Code 01615	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Internet Candidate Name	<table border="1"> <tr> <td colspan="10">80.46</td> </tr> </table>	80.46																			
80.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.11624 Date of Disbursement																				
Mailing Address PO Box 15023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Worcester State MA Zip Code 01615	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Internet Candidate Name	<table border="1"> <tr> <td colspan="10">74.17</td> </tr> </table>	74.17																			
74.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.11625 Date of Disbursement																				
Mailing Address PO Box 15023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Worcester State MA Zip Code 01615	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Internet Candidate Name	<table border="1"> <tr> <td colspan="10">137.79</td> </tr> </table>	137.79																			
137.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

292.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.11797 Date of Disbursement
Mailing Address PO Box 15023	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 1 0</div> </div>
City Worcester State MA Zip Code 01615	Amount of Each Disbursement this Period
Purpose of Disbursement Phone/Internet Candidate Name	<div> <div>806.45</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Will Ware	Transaction ID: SB21B.11734 Date of Disbursement
Mailing Address 12 Francine Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 1 0</div> </div>
City Framingham State MA Zip Code 01701	Amount of Each Disbursement this Period
Purpose of Disbursement Website Programming Candidate Name	<div> <div>2500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Will Ware	Transaction ID: SB21B.11799 Date of Disbursement
Mailing Address 12 Francine Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 0</div> </div>
City Framingham State MA Zip Code 01701	Amount of Each Disbursement this Period
Purpose of Disbursement Website Programming Candidate Name	<div> <div>1250.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4556.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

We Also Walk Dogs

Mailing Address 2003 Springside Drive

City Naperside State IL Zip Code 60565

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3750.00

B.

Full Name (Last, First, Middle Initial)

We Also Walk Dogs

Mailing Address 2003 Springside Drive

City Naperside State IL Zip Code 60565

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4200.00

C.

Full Name (Last, First, Middle Initial)

We Also Walk Dogs

Mailing Address 2003 Springside Drive

City Naperside State IL Zip Code 60565

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12950.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

World Herald Advertising

Mailing Address 1398 Capitol Avenue

City
Omaha

State
NE

Zip Code
68102

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

234186.07

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 135

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Matthew Arnold Mailing Address 94 CR 5091	Transaction ID: SB23.11682 Date of Disbursement <div> <div>05</div> <div>04</div> <div>2010</div> </div>
City Booneville State MS Zip Code 38829 Purpose of Disbursement In-Kind - Strategic Consulting Candidate Name WILLIAM A HALTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	Amount of Each Disbursement this Period <div>306.25</div>
B. Full Name (Last, First, Middle Initial) Expedia Mailing Address 4200 150th Avenue NE City Redmond State WA Zip Code 98052 Purpose of Disbursement In-Kind Travel Candidate Name WILLIAM A HALTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ State: AR District: 00 Runoff	Transaction ID: SB23.11823 Date of Disbursement <div> <div>06</div> <div>05</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>365.19</div>
C. Full Name (Last, First, Middle Initial) FRIENDS OF JARED POLIS COMMITTEE Mailing Address P.O. Box 4572 Ste A City Boulder State CO Zip Code 80306 Purpose of Disbursement Contribution Candidate Name JARED POLIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 02	Transaction ID: SB23.11640 Date of Disbursement <div> <div>04</div> <div>29</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div>

SUBTOTAL of Disbursements This Page (optional)

691.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 135

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB23.11759 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Web Ads	<div>418.86</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB23.11809 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Web Ads	<div>323.66</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
C. Full Name (Last, First, Middle Initial) Google	Transaction ID: SB23.11833 Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Web Ads	<div>300.98</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

SUBTOTAL of Disbursements This Page (optional)

1043.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Adam Green	Transaction ID: SB23.11780 Date of Disbursement
Mailing Address 1630 R Street, NW #703	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Payroll	<div>264.36</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Adam Green	Transaction ID: SB23.11922 Date of Disbursement
Mailing Address 1630 R Street, NW #703	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Food	<div>97.68</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
C. Full Name (Last, First, Middle Initial) Keauna Gregory	Transaction ID: SB23.11523 Date of Disbursement
Mailing Address 441 Buck Blvd, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div>
City Calhoun State GA Zip Code 30701	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind-Salary	<div>1945.13</div>
Candidate Name KRYSTAL MARIE BALL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2209.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gumspirits Production

Mailing Address 87 Munjoy Street

City
Portland

State
ME

Zip Code
04101

Purpose of Disbursement
In-Kind - Video Production

Candidate Name
WILLIAM A HALTER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: AR District: 00

Runoff

Transaction ID: SB23.11836

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

2239.83

B.

Full Name (Last, First, Middle Initial)

Holiday Inn Presidential Conf. Ctr.

Mailing Address 600 Interstate 30

City
Little Rock

State
AR

Zip Code
72202

Purpose of Disbursement
In-Kind - Lodging

Candidate Name
WILLIAM A HALTER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: AR District: 00

Runoff

Transaction ID: SB23.11822

Date of Disbursement

06 / 05 / 2010

Amount of Each Disbursement this Period

300.08

C.

Full Name (Last, First, Middle Initial)

Legacy Hotels and Suites

Mailing Address 625 West Capitol Avenue

City
Little Rock

State
AR

Zip Code
72201

Purpose of Disbursement
In-Kind Lodging

Candidate Name
WILLIAM A HALTER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.11774

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

264.27

SUBTOTAL of Disbursements This Page (optional)

2804.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Name.com LLC

Mailing Address 125 Rampart Way, Suite 300

City State Zip Code
 Denver CO 80230

Purpose of Disbursement
 In-Kind-Website URL

Candidate Name
 DAVID ALAN SEGAL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: SB23.12120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.95

B.

Full Name (Last, First, Middle Initial)

Name.com LLC

Mailing Address 125 Rampart Way, Suite 300

City State Zip Code
 Denver CO 80230

Purpose of Disbursement
 In-Kind - Domain Name

Candidate Name
 WILLIAM A HALTER

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.11756

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.99

C.

Full Name (Last, First, Middle Initial)

Michael Snook

Mailing Address 513 Rialto St

City State Zip Code
 Charlottesville VA 22902

Purpose of Disbursement
 In-Kind Salary

Candidate Name
 WILLIAM A HALTER

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.11525

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2173.18

SUBTOTAL of Disbursements This Page (optional)

2224.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Stephanie Taylor	Transaction ID: SB23.11782 Date of Disbursement
Mailing Address 1707 Columbia Road, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Payroll	<div>264.36</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Termination Site, Inc.	Transaction ID: SB23.12113 Date of Disbursement
Mailing Address 3405 Piedmont Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30305	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Prepaid Robocalls	<div>254.07</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
C. Full Name (Last, First, Middle Initial) The Flying Burrito	Transaction ID: SB23.11829 Date of Disbursement
Mailing Address 300 President Clinton Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind - Food for Office	<div>82.09</div>
Candidate Name WILLIAM A HALTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

SUBTOTAL of Disbursements This Page (optional)

600.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

U.S. Airways

Mailing Address 2345 Crystal Drive

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
In-Kind Travel

Candidate Name
WILLIAM A HALTER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.11744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

401.80

SUBTOTAL of Disbursements This Page (optional)

401.80

TOTAL This Period (last page this line number only)

9975.05

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Progressive Change Campaign Committee Non-Federal

Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.11622

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1701.40

B. Full Name (Last, First, Middle Initial)
Progressive Change Campaign Committee Non-Federal

Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.11889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

1726.40

TOTAL This Period (last page this line number only)

1726.40

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 134 / 135

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KRYSTAL BALL FOR CONGRESSNature of Debt (Purpose):
Payroll Expenses

Mailing Address 1703 FRANKLIN STREET

City State ZIP Code
FREDERICKSBURG VA 22401

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.11513

Amount Incurred This Period

2218.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

2218.07

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2218.07

2) **TOTALS** This Period (last page this line number only)..... ▶

2218.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2218.07

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Adam Green

Nature of Debt (Purpose):
Food

Mailing Address 1630 R Street, NW
#703

City	State	ZIP Code
Washington	DC	20009

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11923

Amount Incurred This Period

97.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

97.68

1) **SUBTOTALS** This Period This Page (optional)..... ▶

97.68

2) **TOTALS** This Period (last page this line number only)..... ▶

97.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

97.68